

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035933

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 98

FILED OCT 1 1963

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Howard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette | | c. CITY OR TOWN Fayette | |
| Length of stay in 1b 5 yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 Reynolds | | d. STREET ADDRESS (If outside, give location) 110 Reynolds | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|---------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last LETTIE PEARL PITNEY | | | 4. DATE OF DEATH Month Day Year Sept. 21, 1963 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/17/78 | 9. AGE (last birthday) 85 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (City and state or country) Howard Co. Mo | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Robert Jackson | | 13b. MOTHER'S MAIDEN NAME Alice Campbell | |
| 14. NAME OF HUSBAND OR WIFE Steven W. Pitney | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. [redacted] | |
| 17. INFORMANT Mrs Clarence Kline Boonville, Mo | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis 4201 Chronic Arteriosclerosis 10450 DUE TO (b) 4500 DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH Immediate | |

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|--|---|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Fayette Mo | |
| 20g. COUNTY | | 20h. STATE | |

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|---|----------------------|--|--|--|--|--|--|
| 21. I attended the deceased from 29-21-63 to 9-21-63 and last saw her alive on 9-21-63 Death occurred at 2 am on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Coroner M.D. va Bloom | | 22b. ADDRESS Fayette Mo | | 22c. DATE SIGNED 9-23-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 9/23/63 | 23c. NAME OF CEMETERY OR CREMATORY Log Chapel Cemetery | | 23d. LOCATION (City, town, or county) Howard Co. Missouri | | 23e. STATE | |
| 24. FUNERAL DIRECTOR Ralph A. Carr | | ADDRESS Fayette, Mo | | 25. DATE RECD. BY LOCAL REG. 9-23-63 | | 26. REGISTRAR'S SIGNATURE Katherine Welch | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.